



ROSS MILLER
Secretary of State
206 North Carson Street
Carson City, Nevada 89701-4299
(775) 684 5708
Website: www.nvsos.gov

Application for Registration of Foreign Limited-Liability Limited Partnership

(PURSUANT TO NRS CHAPTER 87A)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Foreign Limited-Liability Partnership:				
2. Name Being Registered with Nevada:	The name entity proposes to register and transact business in Nevada: 			
3. Date and State or Country of Formation:	<div></div> Date Formed		<div></div> State or Country where Authorized	
4. Registered Agent for Service of Process: (check only one box)	<div><input type="checkbox"/> Commercial Registered Agent: <div></div> Name</div> <div><input type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below)</div> <div>Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity</div> <div><div></div><div></div><div>Nevada</div><div></div></div> <div>Street Address City Zip Code</div> <div><div></div><div></div><div>Nevada</div><div></div></div> <div>Mailing Address (if different from street address) City Zip Code</div> <p>This Foreign Limited- Liability Limited Partnership hereby undertakes to keep a list of the names and addresses of the limited partners and their capital contributions at this office until its registration in Nevada is canceled or withdrawn.</p> <p>In the event the above-designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process.</p>			
5. Street Address of Principal Office:	Address of principal office or office required to be maintained in the domicile state by the laws of that state: <div></div> <div></div> <div></div> <div></div> <div>Street Address City State Zip Code</div>			
6. Name and Business Address of each General Partner: (attach additional page if more than 2)	1) <div></div> Name <div></div> <div></div> <div></div> <div></div> <div>Business Address City State Zip Code</div> 2) <div></div> Name <div></div> <div></div> <div></div> <div></div> <div>Business Address City State Zip Code</div>			
7. Name and Signature of General Partner Making Statement:	I hereby declare and affirm under the penalties of perjury that I am a General Partner in the above-named Foreign Limited Partnership and that the execution of this application for registration is my act and deed and that the facts stated herein are true. <div></div> <div></div> <div>Name</div> <div>X Authorized Signature</div>			
8. Certificate of Acceptance of Appointment of Registered Agent:	I hereby accept appointment as Registered Agent for the above named Entity. X Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity <div></div> Date			

This form must be accompanied by appropriate fees.

Nevada Secretary of State NRS 87A FLLLP Registration
Revised on 7-1-08